



COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2012 JUL 16 PM 2 57
THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS
COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2011 - JUNE 30, 2012
Deadline: July 13, 2012

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA - North Coastal & North Inland Regions

Division/Unit: North Coastal Public Health Center

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. of Vol. 1 Hours 30 X \$ 21.79 = \$ 653.70

Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted PHN Supervisor with clerical duties and follow-up calls to clients opened to PHN services. To confirm client had gain access to resources and appointments to medical providers. Clerical support included assembling educational packets, for health fairs and home visiting. Clinic support included assisting with inventory of clinic supplies.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol. Hours X \$ 21.79 = \$

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____		_____		_____
_____	_____		_____		_____

No. of Vol.	Total Hours	Total Value = \$
_____	_____	_____

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>1</u>	<u>30</u>	<u>\$ 653.70</u>
2b.	<u> </u>	<u> </u>	<u> </u>
2c.	<u> </u>	<u> </u>	<u> </u>
Total Vol.	1	Total Hours 30	Total Value = \$ 653.70

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE = \$

a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers).

Hours	3	X	Rate	45.16	=	\$ 135.48
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b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

$$\text{Hours} \quad \times \quad \text{Rate} \quad = \quad \$$$

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>

TOTAL OF OTHER PROGRAM COSTS =

\$

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 135.48

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 653.70

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 135.48

TOTAL PROGRAM BENEFIT

\$ 518.22

6. RECRUITING:

Please describe your recruiting programs:

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Volunteer was included in staff safety training. Volunteer time has been very limited.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Volunteer will continue to volunteer one day a week for 2-4 hours and will be included to staff meetings and staff recognition events and any staff trainings that are appropriate for volunteer to attend.

9. GENERAL INFORMATION:

Name of Person Completing Report: Audrey Lopez, Public Health Nurse Manager

Phone Number: (760) 966-3800 Mail Stop: N514

E-Mail: audrey.lopez@sdcounty.ca.gov

Volunteer Coordinator: Vicky Magsaysay

Phone Number: (760) 740-4135 Mail Stop: N465

E-Mail: vicky.magsaysay@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


CHUCK MATTHEWS, DEPUTY DIRECTOR

DEPARTMENT HEAD SIGNATURE

7/13/12
DATE